

# 2002 UNIFORM BUSINESS REPORT (UBR)

0139239 AB

DOCUMENT # **248504**

1. Entity Name  
**AMERICAN MARINE UNDERWRITERS, INC.**

*10/2*  
**FILED**

**03 FEB 28 PH 3:10**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** *0203*  
DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**3320 N. WEST 53RD ST  
SUITE 204  
FORT LAUDERDALE FL 33309-6384**

Mailing Address  
**ONE NATIONWIDE PLAZA  
1-26-05  
COLUMBUS OH 43215-2220  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-1031596** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**QT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

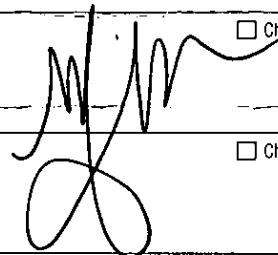
SIGNATURE *Susan J. Metz* **Susan J. Metz**  
Assistant Secretary  
(NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD BARNES, GALEN R ONE NATIONWIDE PLAZA COLUMBUS OH 43216</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPC OAKLEY, ROBERT ONE NATIONWIDE PLAZA COLUMBUS OH</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TO THOMPSON, B.R. ONE NATIONWIDE PLAZA COLUMBUS OH 43216</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS SMITH, DAVID M 2000 WESTWOOD DR WAUSAU WI</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT CAMPBELL, DUANE M ONE NATIONWIDE PLAZA COLUMBUS OH</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PLEASE SEE ATTACHED LIST</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500013908925</b> <b>03/11/03--01018--012 **750.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500013908925</b> <b>03/11/03--01018--013 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan J. Metz* **SIGNATURE REQUIRED** 11-08-2002 614-249-3270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

*Attachment*

*248804*  
*Red 2*

## Directors, Officers Report

American Marine Underwriters, Inc.

Friday, November 08, 2002

### DIRECTORS

**Galen R Barnes** **Director**  
Primary Address: One Nationwide Plaza, Columbus, OH 43215

**David R Jahn** **Director**  
Primary Address: One Nationwide Plaza, Columbus, OH 43215

**John H Jones, Jr** **Director**  
Primary Address: One Nationwide Plaza, Columbus, OH 43215

**Michael D Miller** **Director**  
Primary Address: One Nationwide Plaza, Columbus, OH 43215

**Douglas C Robinette** **Director**  
Primary Address: One Nationwide Plaza, Columbus, OH 43215

### OFFICERS

**Galen R Barnes** **President and Chief Operating Officer**  
Primary Address: One Nationwide Plaza, Columbus, OH 43215

**Robert A Oakley** **Executive Vice President-Chief Financial Officer**  
Primary Address: One Nationwide Plaza, Columbus, OH 43215

**John H Jones, Jr** **Senior Vice President-Nationwide Indemnity**  
Primary Address: One Nationwide Plaza, Columbus, OH 43215

**Douglas C Robinette** **Senior Vice President-Claims**  
Primary Address: One Nationwide Plaza, Columbus, OH 43215

**Carol L Dove** **Associate Vice President-Treasury Services and Treasurer**  
Primary Address: One Nationwide Plaza, Columbus, OH 43215

**Glenn W Soden** **Associate Vice President and Secretary**  
Primary Address: One Nationwide Plaza, Columbus, OH 43215

**John F Delaloye** **Assistant Secretary**  
Primary Address: One Nationwide Plaza, Columbus, OH 43215